

# Community Advisory Committee Guiding Principles

## I. Purpose & Overview

The purpose of the Community Advisory Committee (CAC) is to act as a liaison between Partnership HealthPlan of California (Partnership) and our members. The CAC provides Partnership members with a forum to discuss common issues of interest and importance, while creating a supportive and informative environment. The CAC is composed of Partnership members, advocates, and stakeholders who represent the diversity and geographic regions of Partnership's membership, including hard-to-reach populations. The CAC may also include participation from select providers within the service area. Partnership values the input received through the CAC and considers the feedback during annual reviews and policy/procedural updates that affect quality and Health Equity. Additionally, Partnership provides relevant updates to the CAC on how their input is incorporated.

The CAC also advocates for Partnership members by ensuring that the health plan is responsive to the diverse health care needs of all members. Partnership will make a good faith effort to ensure that CAC members feel supported in their role and may provide resources to help educate CAC members so they can effectively participate in CAC meetings.

The CAC is responsible for and shall carry out the duties listed below:

- Identify member concerns that may influence Partnership policies and practices
- Identifying and advocating for preventative care practices utilized by Partnership
- Participate in the development and updating of cultural and linguistic policy and procedure decisions related to quality improvement, member education, operational, and cultural competency issues that may affect groups who speak a primary language other than English
- Make recommendations regarding the cultural appropriateness of communications, partnerships, and/or services
- Provide input on necessary member/provider targeted services, programs, and trainings
- Review Population Needs Assessment findings and discuss improvement opportunities related to Health Equity and Social Drivers of Health
- Contribute feedback and suggestions on Community Health Assessments (CHAs)/Community Health Improvement Plans (CHIPs) and other health education and community focused initiatives
- Ensure that the concerns of members of all cultures are respected and addressed, including members that speak a primary language other than English
- Serve as advocates for members of Partnership, promote self-advocacy, and cultural competency, thereby improving health outcomes

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- Review and provide input regarding Member Rights and Responsibilities and other member materials
- Annually review grievance and appeal data
- Review and make recommendations regarding Quality Improvement activities, including the Member Satisfaction Survey results

To manage the operations of this committee, Partnership has designated CAC facilitators and a coordinator. The CAC coordinator, in partnership with the Facilitators are responsible for managing the operations of the CAC. Together, they ensure compliance with all statutory, rule, and DHCS contractual requirements.

These Guiding Principles may be updated or amended as needed to comply with regulatory or accreditation body requirements, or as proposed by CAC members and/or Partnership staff.

## II. Membership

### Member Selection

All Partnership members are eligible to become a CAC member if seats are available by completing a CAC application and meeting the requirements below:

- They are an eligible Partnership member, legal parent of a minor (under age 18), or a legal guardian or conservator of an eligible Partnership member
- Will regularly attend and actively participate in meetings

Partnership's CAC Selection Committee is tasked with selecting and appointing all CAC members. The purpose of the CAC Selection Committee is to ensure that the committee is composed of representatives that bring different perspectives, ideas, and views to the committee. These representatives may reflect Partnership's population and serve the following:

- Members of hard-to-reach populations
- Members of diverse racial and ethnic backgrounds, genders, gender identity, sexual orientation, physical disabilities, and age backgrounds (including parents/caregivers of adolescents/foster youth and representatives from Indian Health Care Providers [IHCP]).
- Limited English Proficient (LEP) Members
- Members who receive Long-Term Supports Services (LTSS), and/or individuals representing those members

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Partnership conducts an annual review to ensure that CAC membership is representative of its membership base. Partnership may modify the CAC membership base to reflect changes in member demographics.

Each county within Partnership's service area is allocated a set amount of CAC seats available to members. To ensure appropriate representation, our internal teams established a membership baseline and corresponding committee capacity. Our CAC membership baseline shall align with the Board of Commissioner seats per county. The ratio selected for each county is defined as one (1) times the number of Partnership Board of Commissioner seats per county, whereas the membership capacity will be two (2) times the baseline.

The CAC coordinator, facilitators, and the CAC selection committee are responsible for selecting new CAC members and/or replacing former CAC members whose position has been vacated. If a CAC member resigns or is asked to resign, the CAC coordinator, facilitators, and the CAC selection committee must make their best effort to promptly replace a vacant seat within 60 calendar days. The CAC Team will continue to ensure that Partnership is responsive to the diverse health care needs of all members and is reflective of Partnership's service area.

### Member Responsibilities

- Regularly attend scheduled meetings
  - If a member of Partnership's Board (or committees) has an ADA-qualifying disability that prevents in-person attendance, the member may participate in a public meeting remotely as reasonable accommodation
- Arrive in a timely manner
- Actively participate in CAC meetings by providing opinions and feedback to improve Partnership services
- Provide updated contact information to the CAC coordinator and/or facilitators for the purpose of meeting notices
- Notify the CAC coordinator and/or facilitators in advance if you cannot attend a meeting

### Membership Term

CAC members may serve for a term of up to four (4) years. At the end of the four (4) year term, CAC members may continue their role if there is not a replacement CAC member available.

A CAC member who is absent for three (3) consecutive CAC meetings shall lose voting privileges at the subsequent meeting and will forfeit their membership. The individual may reapply for a seat on the CAC.

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CAC members may lose their membership seat and privileges by a quorum of the CAC. CAC members may terminate their position at any time by resigning. The member may resign by calling, emailing, or sending a letter to the CAC coordinator and/or facilitators. The CAC coordinator, facilitators, and the CAC selection committee will make a good-faith effort to promptly replace any vacancy due to member resignations (voluntary or involuntary) within 60 calendar days.

### Compensation

A CAC member may receive a stipend for travel and childcare expenses that allows them to attend CAC meetings during their membership term. No CAC member shall receive any profit from the operations of Partnership. This provision shall not prevent reasonable compensation to a CAC member for services performed for Partnership, if such compensation is not in conflict with Partnership policies or procedures, is permitted by these Guiding Principles, and is approved by the Chief Executive Officer of Partnership.

### Member Demographic Report

Partnership prepares an annual Member Demographic Report that highlights the composition of the CAC. The Member Demographic Report is submitted to Department of Healthcare Services (DHCS) no later than April 1 of each calendar year. Partnership strives to ensure that the CAC is representative of Partnerships' member demographic. The CAC Member Demographic Report will also identify the following:

- Description of the CAC's ongoing role and impact in decision-making about Health Equity, health-related initiatives, cultural and linguistic services, CHA/CHIP initiatives, resource allocation, and other community-based initiatives, including examples of how CAC input impacted and shaped Contractor initiatives and/or policies
- Barriers/challenges in meeting or increasing alignment between CAC's membership with the demographics of the members within Partnership's service area
- Ongoing, updated, and new efforts and strategies undertaken in CAC membership recruitment to address the barriers and challenges to achieving alignment between CAC membership with the demographics of the members within Partnership's service area

### Board of Commissioners

The CAC reports directly to Partnership's Board of Commissioners. Three representatives throughout Partnership's regions will be selected every two years to represent the CAC on the Board of Commissioners.

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## Department of Healthcare Services (DHCS) Statewide Medi-Cal Member Advisory Committee (MMAC)

The CAC shall select and appoint one member of the CAC, or another Partnership member, to serve as the Partnership representative to the DHCS' Statewide MMAC. Partnership shall compensate the representative for time and participation within the Statewide MMAC, including transportation expenses to appear in-person.

### Non-Liability of Members

CAC members shall not be personally liable for the debts, liabilities, or other obligations of Partnership.

## III. Committee Meetings

### Meeting Schedule

CAC meetings are held four times a year (quarterly) and at times and in formats, that foster and facilitate CAC member participation. The CAC meeting schedule is published at the beginning of each year and posted on Partnership's website. Partnership may conduct additional CAC meetings to discuss and take action on matters of urgency. The principal offices of Partnership's CAC for the transactions of its business for all regions are located at the following meeting locations:

County	Address
Butte	2760 Esplanade Avenue, Suite 130, Chico, CA 95973
Humboldt	1036 5th St., Suite E, Eureka, CA 95501
Placer	281 Nevada Street, Auburn, CA 95603
Shasta	2525 Airpark Drive, Redding, CA 96001
Solano	4665 Business Center Drive, Fairfield, CA 94534
Sonoma	495 Tesconi Circle, Santa Rosa, CA 95401

CAC meetings are open to the public and we welcome and encourage attendance. Meetings may also be held at additional sites, which will be listed on the meeting notice. Meeting notices are posted in a centralized location on Partnership's website up to 30 days, and no later than 72 hours prior to the meeting. Video conferencing equipment is used when members from multiple locations participate.

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## Facilitation of Meetings

CAC meetings are conducted in compliance with the Ralph M. Brown Act. The CAC facilitator(s) are responsible for the facilitation of all CAC meetings. The CAC coordinator acts as secretary or may appoint a member/designee to act as secretary of the meeting, for the purpose of taking meeting minutes. Meeting minutes are posted on Partnership's website and distributed to members before the next quarterly meeting. Partnership will also submit meeting minutes to DHCS within 45 calendar days.

## Quorum

For the purpose of the CAC, a quorum is defined as the minimum number of members in attendance required to conduct the business of the committee. The CAC quorum shall consist of at least  $\frac{1}{2}$  (one half) of the CAC membership seats held. Every act or decision done or made by a quorum is an act of the CAC as a whole.

## CAC Records

Partnership shall maintain CAC records for no less than 10 years. CAC records shall include the following:

- CAC meeting minutes that include the date, time, attendee list, and place of CAC meetings
- A copy of the Guiding Principles and any modifications to date, which shall be open to inspection